North Carolina Mental Health Planning and Advisory Council
Royster Building, Room 210, Dix Campus
March 2, 2007
10:00 a.m. – 3:00 p.m.
Meeting Minutes

Members Present: Jeff McLoud, Sheila Wall-Hill, Terri Shelton, Libby Jones, Dorothy Best, Katie Sawyer, Dan Fox, Beverly Varner, Tisha O'Neal Gamboa, Lucy Dorsey, Diann Irwin, Kelly Jones, Loretta King, Vendia Currie, Stan Oathout, Kaye Holder, Carolyn Wiser, Laura Yates, Martin Pharr, Ph.D., and Ed Seavey joined the meeting by phone. **Others**: Ann Remington, Paula Bell, and Sadric Bonner-Jenkins. **Staff to Council:** Susan Robinson and Lisa Jackson.

Call to Order/Introductions/Approval of Minutes
Jeff McLoud, Chair of the Council, called the meeting to order and welcomed everyone. Minutes from the January 5, 2007 meeting were amended and approved.

Presentations
In keeping with the Council's priorities and their review of Block Grant Criterion V. (Management Systems: increase consumer and family involvement and workforce development), two presentations had been scheduled for today's meeting.

Ann Remington, Consumer Empowerment Team Leader, of the Advocacy and Customer Service Section presented today on consumer and family member involvement with State and Local Consumer and Family Advisory Committees.

Ann discussed the implications for State and Local Consumer and Family Advisory Committees (CFACs) now codified in the Mental Health Reform Changes statute (Session Law 2006-142, House Bill 2077). Local and State CFACs present opportunities for active consumer and family member participation. Empowerment and advocacy are strengthened in providing input; Ann indicated that in Division contracts and Local Management Entity (LME) Business Plans, the Division has built in requirements for CFAC review and comment. CFACs are reviewing their bylaws to ensure compliance with the new codified law. Each of the three disability groups must be represented on the CFAC. Local CFACs may have a Memorandum of Agreement or Relational Agreement with the Local Management Entity and this can be used as a tool to negotiate support for the CFACs or to help focus on work plans or identifying training needs. Membership is in three year terms. The CFACs are self-governing and self-directed. According to the recent change in legislation, the CFAC is to be composed of adult consumers and family members of the three disability groups (which also may include co-occurring disorders). One change added to local CFACs which didn't exist earlier is that local CFACs are to submit to the State CFAC findings and recommendations regarding ways to improve the delivery of MH/DD/SA services, which will be submitted to legislators.

Of the 21 State CFAC members, nine are appointed by the Secretary of Health and Human Services, three by the General Assembly upon recommendation of the President Pro Tempore of the Senate, three by the General Assembly upon recommendation of the Speaker of the House of Representatives, three by the Council of Community Programs, and three by the North Carolina Association of County Commissioners. Ann emphasized the need to have the consumer and the family member's perspective and put voice to their comments and responses. Ann gave examples of how consumers and family members can be involved in other advocacy efforts through State or Local CFACs. Some include: Non-Medicaid Appeal Panel, State CFAC Strategic Plan Committee, NC TOPPS (Treatment Outcomes and Program Performance System) Advisory Committee and Cultural Competency Advisory Committee; new members (particularly youth and CFAC members) are also being needed for a State Anti-Stigma Campaign, and State CFAC members have been asked to participate in a System Transformation Grant Project. State CFAC members are participating on the External Advisory Team (advise the Division

about transformation policies and operation of the mental health/developmental disabilities/substance abuse services system). Susan referenced the Division's State Annual Report for SFY06 which is entitled, *Transformation: Collaboration to Put Consumers First* (which is now available on the Division website).

The second presentation dealing with workforce development was to be given by a representative from the University of North Carolina-Chapel Hill School of Social Work's Behavioral Healthcare Resource Program, but the speaker was not able to attend at the last minute. Information had been sent for the presentation and Jeff asked Susan and Lisa to go ahead and present the material.

UNC-CH School of Social Work provides clinical training to the North Carolina public MH/DD/SA system through several programs within the Jordan Institute for Families, one of which is the Behavioral Healthcare Resource Program (BHRP). The BHRP is designed to provide clinical consultation, technical assistance and trainings designed for professionals working in the public mental health and substance abuse programs. Trainings include the required clinical skills training topics as well as a range of evidenced based practices and skill development and enhancement for the provider community. Trainings are held throughout the state and are open to the public as well as available in agency only settings. Additionally, the program also provides a Certificate Program for Masters in Social Work students in substance abuse studies; onsite technical assistance regarding clinical management and design; and clinical supervision training for substance abuse and mental health professionals.

Following is a summary of comments and considerations from Council members regarding workforce development:

- look for ways to increase recovery based system and principles in training
- look for ways to implement and train on recovery model (consumer to consumer based training), not too clinical
- adjust qualifications of trainers (e.g., endorsed trainers have a Master's level education)
  -increase the number of trainings in which consumers/families are trainers
  -increase the number of trainings and educational opportunities in which the design, writing, training, and evaluation is done by/with consumers/families as full partners
- engage consumers/families as partners in cross-agency training as participants and as trainers
- establish peer specialist service definition for child and family MH services/supports and use more broadly for adult services/supports
  -expanded definition for child and family could be used in schools and in coordinated school training
  -working example in place and being implemented this SFY07, also implementation of a blended child and family team curriculum (developed, field tested and trained by families of children with serious MH needs) and blended funds from all child serving agencies
  -establish good standards of practice and improve quality of services/supports provided
- encourage Local Management Entities to use funds through non-Unit Cost Reimbursement to offer elective trainings developed and provided by consumers/families as partners (such as Wellness Recovery Action Plan or WRAP training, child and family team training/facilitator training, Parents and Teachers as Allies, etc.)
- When trainings are offered in communities or at the state/regional levels, include Dept. of Correction (DOC) staff to help support treatment best practice and coordinate community re-entry (DOC has more than 200 children/youth in prisons, adjudicated as adult offenders, from age 13 years and up)
- Training calendar and communications-establish, widely communicate about, and update an accessible training calendar to capture a broad audience

Committee Meeting Reports

Adult Committee:

In an effort to update the list of *Consumer and Family Involvement and Advocacy Opportunities in North Carolina* and further inform Council members about their fellow co-members' stakeholder activities, the

members of the Adult Committee discussed training, education and advocacy-related efforts in which they are each involved. This information will be compiled and combined with that from the Child and Family Committee; the length of this growing list reflects the great amount of time and effort that the North Carolina Mental Health Planning and Advisory Council members individually invest in working to help make services better for adults and children with mental illness around our State.

Ann Remington, from the Consumer Empowerment Team, graciously agreed to stay through the afternoon and continue to talk with each Committee about questions from the morning's presentation. Areas of focus that Adult Committee members agreed were important included:

- the role of education that CFACs play, whether it is in having "older" CFAC members mentor the newer members or educating others in a broader sense about the importance of consumer and family member involvement as agents of change
- the need for CFACs to hear from consumers and family members and take any issues to the LME
- the lack of funding is critical and can impact a range of areas from being able to take advantage of training opportunities to transportation and is usually discussed in negotiations between the LMEs and CFACs

Child and Family Committee:
Kelly Jones, Chair, asked members to consider the morning presentation with a focus on identifying training and advisory and/or advocacy affiliations in which committee members were involved. Kelly restated the block grant outcomes criteria regarding training and family/youth involvement to promote best practice. Members agreed that each Council member has a key role in promoting better understanding of how each member contributes to the larger effort of improving quality and access to care needed. Libby reported that the federal reviewers of our state's plan in November, told her that they saw the process of how our Council had planned priorities for the 2007 calendar year and the list opportunities of more than 25 advisory/advocacy organizations in which members were involved in our state were great examples that they wanted other state Councils to see and use. They were amazed at the number of opportunities that consumers/family members had to participate in various levels of policy, training and advocacy were so much broader than the Planning Council and that for some states this does not exist. Members agreed that over the past five years these opportunities have expanded, including youth/family as planners and trainers for the system and services delivered. It was noted that maybe this is less the case for adult services at this point, but that is changing now as well.

Kelly asked members to list the trainings/curricula development and family/youth groups in which they are involved so that as a Council we can outline ways that each member is actively engaged in their respective communities and circles of influence. Members listed the following among others: WRAP training, peer support training, youth support and advocacy training, Parent Voice advocacy and support training, groups in your community, Partnering with Parents, Parent Leadership training, active participation on boards and committees, starting youth working with schools and knowing your rights as parents, Positive Behavior Supports, Families and Teachers as Allies, 'how to tell your story", University courses, blended child and family team curriculum for child and family teams and facilitator training to support SOC among all child-serving systems, service definition training, person centered planning training on the process and plan, "how to choose a service provider" training, school based mental health planning and service delivery, SOC coordinator training, community collaborative training, Exceptional Children's conference, SOC state and regional conferences, SOC tool kit development and training, MAJORS (SA/MH juvenile justice initiative), substance abuse prevention and early identification, gatekeepers training for suicide prevention, LME SOC Coordinator trainings, consumer and child serving partners, On-line SOC training, Transitions in foster care, parents supporting parents (peer support), evidenced based substance abuse treatment and block grant training through the LME community, NC Foster Care Parent Association conference. Members stated this is not an all inclusive list. Kelly stated she was overwhelmed by all that we are doing in this state. Members were asked to identify those in which families were involved and also serving as trainers. In all cases, the group identified all included

families and youth as planners, trainers and in some cases evaluators of these trainings/initiatives. It was noted that in some areas this could be strengthened, but as a whole, more partnerships have grown and have become very strong, as a matter of practice much less an after thought. This is a substantial change in the way the system has done business in the past.

Just as the Adult Committee, the members of the Child and Family Committee discussed the training, education and advocacy-related efforts in which they were involved. Kelly thanked the group for hard work in all these activities and asked the committee to send any additions to her and Susan to be compiled and included with the Adult Committee information in the 2008 Plan and 2007 Report.

Council Member Updates:
An opportunity was given for Council member updates:

Beverly Varner participated in the homeless count in Greensboro; she actually approached people who were homeless and asked where they had spent the previous night. If they had been on the street, they received a blanket and if they had spent the night in a shelter, they were given a pair of socks. Beverly said that nearly all of the individuals had substance abuse issues and over half had mental illness. Some individuals who are homeless, use going to jail as a strategy for having a warm place to stay when it is cold outside. Some of the men who were homeless had no identification but if they had been arrested in the last year, they may be able to use their police "rap sheets" to help them secure some form of identification. Beverly was accompanied by a police officer when doing the survey.

Dorothy Best is involved in the Feed His Sheep Ministry (designed to meet the needs of the dually diagnosed: those recovering from mental illness and addiction problems) in the Smithfield/Clayton area. Dorothy is working with a peer support program through this ministry called Possibilities Unlimited Peer Support. She said that North Carolina has one of the toughest programs for the certification of peer support specialists. There has been an increase in gang activity in this area. Dorothy will be doing WRAP training groups with ladies involved in the Work First Program. Dorothy is celebrating 9 years of sobriety.

Stan Oathout announced the upcoming State NAMI (National Alliance on Mental Illness) Conference in Greensboro, beginning on the following Thursday.

Ed Seavey has been working with the school system and juvenile justice and will send some information regarding this.

Libby Jones is doing WRAP training for children who reside in Level IV Group Homes and in Joseph House (program that works with boys who are homeless). Libby shared a story about a boy who was living in the school overnight because he had aged out of foster care; he went to jail and the principal was able to get him out, and Libby helped get him into Joseph House. He is a straight A student. Youth can stay in foster care until age 21 if they are in school.

Laura Yates said that if someone is homeless, and has just been released from prison, that they can go to the Division of Motor Vehicles and use the prison identification to get a state identification card. The Division of Prisons has been approached by the Division of Veterans Affairs to work with veterans before they are released to initiate services. The Division of Prisons is working with convicted sex offenders, both those with mental illness and those with developmental disabilities. Treatment is mandated for all sex offenders. The success rate tends to be higher for those with mental illness (in terms of re-offending) as measured by the recidivism rate. The Parole Commission has indicated that over 4000 inmates have to be considered for release this year and that is two times as many as were released last year. Central Prison has an internal psychiatric hospital similar to Dix, with a day treatment program.

Martin Pharr is the Legislative Liaison for the North Carolina Department of Juvenile Justice and Delinquency Prevention and will be in a position now to do more advocacy.

Wrap-Up

Jeff thanked everyone for their attendance, mileage reimbursement forms were completed, and Jeff adjourned the meeting.